Care UK Community Partnerships Ltd

Kingsleigh

Inspection report

Kingfield Road
Woking
Surrey
GU22 9EQ

Tel: 01483740750
Website: www.careuk.com/care-homes/kingsleigh-woking

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 13 June 2018 and was unannounced.

Kingsleigh is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Kingsleigh is owned and operated by Care UK Community Partnerships Ltd. It provides accommodation and personal care for up to 67 older people, who may also be living with dementia. The facilities are purpose built and organised into five, ground floor units with level access from the car park. On the day of our inspection 50 people were living at the service.

The manager for the service had been in post since November 2017 and is currently in the process of applying for registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last carried out a comprehensive inspection of this service on 10 October 2017 when we rated the service as Inadequate in the well-led domain and Requires Improvement overall. At that inspection we highlighted significant concerns about the leadership of the service. The management team had failed to respond to concerns that staffing levels were not sufficient and that people's needs were not being met. Complaints made by relatives had not been listened to and acted on and people were not receiving a personalised service. Following that inspection, we issued a Warning Notice against the provider that required them to take swift action to improve their monitoring and governance of the service. We also made four requirements to ensure the service maintained safe staff levels and effectively trained staff, improved the way complaints were managed and delivered safe and personalised care. This inspection found that these actions had now been complied with.

After the last inspection, the provider submitted a detailed plan of improvement and appointed a new management team. The manager and the provider have been in continuous contact with CQC to provide updates on the progress being made. They also supplied weekly rotas to us so we could be assured that appropriate staffing levels were being maintained.

At this inspection, we found the provider had taken the action they told us they had and the service was now providing a good level of care to the people living at Kingsleigh. The new management team had been successful in turning the service around and the culture at Kingsleigh had become, open, inclusive and vibrant.

Systems for monitoring quality were now effective and used to continually drive improvement. People and their representatives were involved with and consulted about the direction of the service and their feedback was listened to and valued.

Staffing levels were now sufficient to deliver safe and personalised care. People received support from a team of consistent team of staff who had been appropriately recruited and trained to meet their needs.

Staff understood their roles and responsibilities in keeping people safe and the systems in place to safeguard people were used properly to protect people from harm. Risks were now identified and managed in a way that balanced people's safety and independence.

The atmosphere in the service was relaxed and friendly and people had good relationships with the staff who supported them. Staff knew and respected people's needs and choices and people were now at the heart of planning their own care. Care was provided with compassion and staff respected people's privacy and dignity.

People's needs and choices had been better assessed to ensure support was delivered in a way that respected their legal rights. People experienced a much more person-centred approach to care and staff were responsive to people's changing needs. Staff were creative in the way they engaged with people and people had opportunities to participate in meaningful and enjoyable activities.

Staff worked collaboratively and in partnership with other healthcare professionals to ensure people received holistic personal and health support. Medicines were managed safely and staff took steps to ensure people received their medicines as prescribed.

People were supported to maintain adequate levels of nutrition and hydration and mealtimes were a sociable occasion that brought people together. Specialist diets and preferences were catered for.

The service was clean and improvements to the management of continence and infection control had significantly improved. An ongoing programme of refurbishment and redecoration was underway to enable the environment at Kingsleigh to effectively support people living with dementia.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were now sufficient staff in place to support people in a way that safely met their needs. Appropriate checks were undertaken to ensure only suitable staff were employed.

There were appropriate systems to safeguard people from abuse. Staff understood their roles and responsibilities in this area and were now proactive in protecting people from harm.

Risks to people were now identified and managed safely.

The service was clean and improvements to the management of infection control had recently improved significantly.

Medicines were managed safely and staff took steps to ensure people received their medicines as prescribed.

A culture of reflective learning had been fostered to ensure lessons were learned when things went wrong.

Is the service effective?

Good

The service was effective.

People benefitted from being cared for by staff who were now appropriately trained and supported to deliver their roles effectively. New staff received an induction that ensured they were both confident and competent in their role.

Staff had a better understanding of people's capacity and were now proactive in the way they protected people's legal rights.

People's needs and choices had been better assessed to ensure support was delivered in a way that achieved effective outcomes.

People were supported to maintain adequate levels of nutrition and hydration and mealtimes were a sociable occasion that brought people together. Specialist diets and preferences were identified and respected.

Staff worked collaboratively and in partnership with other healthcare professionals to ensure people received holistic personal and health support.

An ongoing programme of refurbishment and redecoration was underway to enable the environment at Kingsleigh to effectively support people living with dementia.

Is the service caring?

Good

The service was caring.

The atmosphere in the service was relaxed and friendly and people had good relationships with the staff who supported them.

People were involved in making decisions about their care and staff understood the importance of respecting people's choices and individual preferences.

Staff respected people's privacy and took appropriate steps to ensure their dignity was upheld. Care was provided with compassion and kindness.

Is the service responsive?

Good

The service was responsive.

People experienced personalised approach to care and staff had good understanding about their needs and wishes. Improvements to care plans were ongoing, but the systems in place ensured staff were responsive to people's changing needs.

People had opportunities to participate in meaningful and enjoyable activities. Staff were creative and enthusiastic in the way they engaged with people.

There were now effective systems in place to ensure that people were listened to and concerns were addressed in a way that improved the quality of care.

End of life care enabled people's final wishes to be respected.

Is the service well-led?

Good

The service was well-led.

The new management team had been successful in turning the service around and embedding principles of person-centred

care, empowerment and inclusion so as to achieve good outcomes for the people who live there.

The culture of the service had continued to become more open and people and their representatives were now fully engaged and involved in the future direction of Kingsleigh.

Systems for auditing were now effective in monitoring and developing quality within the service.

Kingsleigh

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was a re-inspection of this service to check whether the provider was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide an updated rating for the service under the Care Act 2014.

This inspection took place on 13 June 2018 and was unannounced. The inspection team consisted of four inspectors.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider also completed a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with 19 people who lived at the home, four relatives and eight staff, including the manager and deputy manager. We observed interactions between people and staff during the morning and afternoon on each unit. We joined people in the communal areas across the service at lunchtime to gain a view of the dining experience.

As part of our ongoing monitoring of the service since the last inspection, we have been in regular contact with the local authority who have also provided feedback about the ongoing improvements at Kingsleigh.

We reviewed a variety of documents which included the care plans for six people, three staff files, medicines records and other documentation relevant to the management of the service such as audits, meeting minutes, surveys and action plans.

Good

Is the service safe?

Our findings

Our last inspection of 10 October 2018 identified that the service had been running with insufficient numbers of staff to deliver appropriate and safe care. Since the last inspection, the management team have been sending CQC weekly rotas to demonstrate that safe levels had been maintained and new, permanent staff recruited. The last inspection also highlighted that the service was providing support to some people whose needs could not be met at Kingsleigh. As such, we made a requirement for the provider to take appropriate steps to identify, manage and mitigate these risks. Following that inspection, the provider wrote to us to tell us how they were going to ensure people were kept safe.

This inspection found that staffing levels were now sufficient to support people safely and the management team now responded appropriately to people's changing needs and took steps to manage risks and care for people safely. The service is therefore now compliant with Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that staff were available to support them when they needed it and they didn't have to wait for long to be helped. For example, one person said, "They are always with me pretty quickly." Relatives also told us that their family members were now cared for by a regular and consistent team of staff.

There were sufficient staff to provide appropriate support and interaction. The manager informed us that there were 11 care staff during the morning and 10 care staff in the afternoon. Management, housekeeping and catering staff were in addition to this number. Two dedicated lifestyle co-ordinators also led a programme of activities of people to participate in. The rotas and our conversations with staff reflected these levels. Staff who had previously told us they were concerned about the staffing levels at Kingsleigh, confirmed that there were now enough staff to deliver their roles. One member of staff commented, "The staffing levels now are amazing."

Throughout our inspection we found that people were appropriately supported and call bells were answered in a timely way. There were also enough staff to ensure that people who did not want to participate with the main activity had staff approaching them to ensure that they were happy observing from the side or were available to talk or participate in a smaller one to one activity if required.

Appropriate checks were undertaken before staff began work. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, relevant references, medical fitness and proof that people had the right to work in the UK.

People told us they felt safe at the home and when staff provided their care. One person said, "I feel safe here" and another commented, "They are very kind, very good."

People were supported by staff who understood their roles and responsibilities in protecting people from

harm. Staff completed regular safeguarding training and were knowledgeable about safeguarding procedures. Staff confirmed that the management team operated an 'open door' policy and that felt confident to raise any safeguarding concerns they may have. Staff talked about the safeguarding concerns they had previously had, but said, "I don't worry any more, if I am worried about something then I can just go and tell the manager and I know it will get sorted." Likewise, another staff member told us, "I would go to the manager, or higher to CQC and the local authority if needed."

The manager had a good understanding of her safeguarding responsibilities and made appropriate safeguarding referrals as required and always co-operated fully with safeguarding investigations.

Individual risks to people were identified and managed safely. For example, one person regularly became anxious and frustrated. Staff talked to us about the steps they took to support this person when these behaviours were displayed. A review of the person's care plan highlighted that there were clear guidelines in place for staff to follow. These included the likely triggers for this person, preventative methods and techniques that could be used to calm the person if required.

Where people had been identified as being at high risk of falls, staff were knowledgeable about these risks and how they were being managed. We saw that people received the practical support with mobilising as highlighted in their care plans and that individual walking aids were located next to the person.

Staff knew which people were at risk of dehydration or weight loss and recorded the amounts people ate and drank. Likewise, staff knew the risks for those people who were less mobile and took steps to reduce the likelihood of pressure damage. Appropriate pressure relieving equipment was in place for those who needed it and staff ensured people at risk were supported to change their positions to reduce the risk of developing pressure wounds.

Environmental risks had been considered and mitigated. The manager had created an emergency 'grab box' which contained people's personal emergency evacuation plans (PEEPs) and other guidance that staff would need in the event of an emergency. Audits and checks took place to ensure the environment and equipment remained safe and fit for purpose. There was a business continuity plan in place and the home had an agreement with the local school to go to in the event of an emergency.

The service was clean and improvements to the management of infection control had improved significantly since our last inspection. People told us that staff kept the home clean and tidy and relatives confirmed it was a much nicer place to visit now it smelt fresh and clean.

Staff observed good hygiene measures. We saw staff regularly washing their hands between tasks and ensuring appropriate personal protective equipment, such as gloves and wipes were used as required. Sluice rooms were kept locked and found to be clean, with no significant odours. There was a hand basin in each sluice with liquid soap and paper towels for staff to wash their hands. The laundry was well organised and good systems of infection control noted. For example, soiled linen was placed in red bags and washed in a separate machine to other laundry. Housekeeping staff maintained cleaning schedules which were found to be up to date. Regular monitoring checks were carried out by the head housekeeper, as well as formal audits by the provider.

People were supported to take their medicines safely. One family member told us, "They always make sure she has taken them."

Staff completed competency based training in the safe handling of medicines and we observed them

administer medicines in a way that followed guidance from the Royal Pharmaceutical Society. For example, we observed staff spent time supporting people to take their medicines in a way that was person centred. Staff did not sign medication administration records (MAR charts) until medicines had been taken by the person.

Medicines records contained photographs of people and listed their allergies. Protocols were in place to support the administration of 'as needed' (or PRN) medicines and these were in the process of being reviewed and updated. Medicines were regularly audited to ensure any discrepancies were identified and rectified swiftly.

Medicines were delivered and disposed of by an external provider and stored safely within the service. Both medicines rooms were locked, air-conditioned with temperatures documented daily. Fridges also had a daily check recorded. Medicines trolleys were fixed to walls and medicines were neatly stored in baskets with people's names and photographs on. The temperature of the room and the medicines fridge were checked and recorded daily.

A culture of reflective learning had been fostered to ensure lessons were learned when things went wrong. The provider had recognised the shortfalls from the last inspection and acted swiftly to move the service forward. The new management and staff team had worked together with commitment and determination to learn from previous failings and move the service forward for the benefit of the people who lived there.

Accidents and incidents were scrutinised after occurrence to identify causes and actions to prevent re-occurrence. For example, when people suffered falls, their care plans and risk assessments were fully reviewed and actions taken to ensure future risks were minimised.

Good

Is the service effective?

Our findings

Our previous inspection of 10 October 2017 found that staff had not been appropriately trained and supported to deliver their roles effectively. As such, we made a requirement for the service to improve. Following that inspection, the provider sent us an action plan which outlined the steps they were taking to comply with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that staff had received updated training and were being continuously coached and mentored to deliver their roles effectively. As such, this requirement has now been met.

People told us that they thought staff were well trained and knew what they were doing. One person said, "They are brilliant. They definitely do a good job. Likewise, relatives told us that staff were competent in the way they supported their family members.

Staff now had the skills and experience to meet people's needs effectively. New staff undertook a 12-week induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to to deliver caring, compassionate and quality care. New staff shadowed more experienced staff to get to know people and their role.

Training and support were provided to ensure care staff undertook their roles and responsibilities in line with best practice. Staff told us that they had received training in areas such as safeguarding, moving and handling, infection control and fire safety. In addition to mandatory training, we also found that staff had the opportunity to undertake more specialised training to meet the needs of the people they cared for. For example, two staff had recently completed a train the trainer course in dementia which they were cascading to all staff. Staff informed us that this training had really "Opened their eyes" about how to support people living with dementia and we saw this reflected in their practice.

Staff were encouraged to complete further education and qualifications while working at Kingsleigh. Seven care staff were currently towards a recognised formal qualification in health and social care. Similarly, one of the kitchen assistants told us they were in the process of completing a hospitality qualification.

Staff received good support to fulfil their roles and responsibilities effectively. Staff repeatedly told us that felt supported by the management team and were confident that they could raise any issues with them. Staff received regular supervision. A supervision is a 1-1 meeting between a staff member and their line manager to discuss practice and training requirements. We saw the minutes for some of these meetings which identified that development and practice issues were continually discussed. 'Champion' roles had been embedded into practice, with nominated staff taking the lead on areas such as falls prevention, dementia care and nutrition. This process enabled staff to take on additional duties in areas that interested them and improve outcomes across the whole service.

Staff had a better understanding of people's mental capacity to make decisions and were now proactive in the way they protected people's legal rights. The Mental Capacity Act 2005 (MCA) provides a legal framework

for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff at Kingsleigh now sought consent from people as a matter of routine.

At our last inspection we recommended that the provider continue with their programme of reviewing the capacity assessments for people to ensure people were supported in accordance with their legal rights. At this inspection, we found that the manager had reviewed and updated people's capacity assessments and staff understood the importance of supporting people in the least restrictive way.

The manager had taken appropriate steps to manage restrictions on people's freedom. DoLS applications had been submitted to the authorising authority for people who lacked capacity and were unable to leave the service freely. As part of this process mental capacity assessments had been completed along with evidence of best interest meetings having taken place that involved representatives. Staff recognised the restrictions that were in place for people's safety and supported people to have as much choice and control as possible. For example, one person received their medicines covertly. The correct protocol was recorded for this in their care plan which included a DoLS application and multi-disciplinary input as part of the bests interests process.

People's needs and choices had been better assessed to ensure support was delivered in a way that achieved effective outcomes. Care plans had been formulated on the basis of the assessment information which outlines their needs and preferences. Information gathered about people's wishes around daily routines, mealtimes and interests were now being used to deliver personalised care. For example, we noticed one person was still in bed late morning. They told us this was their choice because they liked to go to bed late and get up late. Their care plan reflected this preference.

Staff worked collaboratively and in partnership with other healthcare professionals to ensure people received holistic personal and health support. We saw a multi-disciplinary approach to people's care to ensure they received specialist support in accordance with their best interests. For example, specialist input was sought from the falls prevention team and community mental health team as necessary. People and their relatives told us that staff arranged for them to see the doctor if they felt unwell. One person said, "They arrange for me to see someone regularly about my feet." Care plans recorded involvement from other professionals including, district nurses, dentists, opticians and the community mental health team.

People were supported to maintain adequate levels of nutrition and hydration. A variety of snacks and drinks were available throughout, such as fruit, chocolate and juice. Where people wished to stay in their rooms drinks were delivered to them Where risks had been identified in respect of people's eating and drinking, these were appropriately managed. For example, staff recorded and monitored the food and fluid intake of those at risk of malnutrition or dehydration in addition to ensuring they were regularly weighed.

People's care records recorded their dietary needs and preferences and we observed this information had also been shared with the chef. In the kitchen we noticed a wall chart that documented people's preferences, dietary needs and texture requirements for foods. The chef was knowledgeable about how to fortify foods for those people who required additional calories to stay healthy.

People had choice and control over their meals. People were complimentary about the food provided and

told us that they could choose where and when to take their meals. For example, one person commented, "The food here is really good and you get lots of choice." Similarly, another person told us, "Nine times out of ten I enjoy it." A new chef had recently been appointed and the feedback about them was very positive. One informed us, "The food has definitely improved in the past week or two since the new chef started."

Lunchtime was a social occasion which brought people together. Staff supported people to choose where they ate. Most people chose to join others in the dining areas of their individual units, but some chose to remain in their armchairs in the lounge. Two people chose to have their meal together in the garden. Staff ate their own meals with people and told us they enjoyed doing this as it made the mealtime an enjoyable experience.

Menus were displayed on dining tables and on noticeboards around the service. People were visually shown the meals available and able to make their choice. Staff knew which people had specific dietary needs, such as texture-modified diets, and made sure they received their meals as required. Staff also understood the dietary needs of one person related to their religion and ensured that they obtained appropriate food to meet the person's needs.

There were enough staff available to provide support with eating and drinking for those who needed it. Staff who supported people to eat and drink did so safely and appropriately. They provided support at a pace which was comfortable for the person and communicated with people throughout their meal.

Staff encouraged people to eat and asked for feedback about the food during their meals. If people were reluctant to eat, staff offered reduced portion sizes or alternative meals. One member of staff noticed a person had not eaten any of the main course they had chosen. The member of staff said, "Shall I get you a smaller portion? Would you like to try something else on the menu?" An alternative meal was then provided.

People were observed to be at ease in their environment and moved freely around the service. Bespoke reminiscence areas and sensory equipment had been added since the last inspection which allowed people to spend time engaging with areas and items that were meaningful to them. The design and adaptation of the service now facilitated more effective support for people living with dementia. The service was in the process of being refurbished to provide people with spacious, comfortable and accessible surroundings. The bathrooms and toilets throughout the service had blue doors which made them easier for people to recognise.

Good

Is the service caring?

Our findings

Our last inspection of 10 October 2017, highlighted that whilst individually staff treated people with the kindness, the management of the service did not facilitate personalised and caring support. The provider was open and transparent about the shortfall at that time and took immediate action to address this.

At this inspection, the atmosphere was relaxed and vibrant. People now enjoyed life at Kingsleigh and had positive and engaging relationships with the staff who supported them. One person told us, "I love it here. I am so happy with them [referring to staff]." Likewise, another person said, "They are very nice people; they treat me very well." Also said of staff, "It's them that makes the difference."

Relatives expressed that Kingsleigh was now running as a home and was a welcoming place to visit. For example, one relative told us, "This is very much her home and I feel very welcome visiting." Similarly, another relative commented, "I find whenever I come in there is a very homely atmosphere, it's like an actual home." People had been actively encouraged by staff to furnish and decorate their rooms in a way that was meaningful to them. One person showed us their plants and another bedroom was decorated with aircraft memorabilia. Their relative told us, "His passion is aircraft."

We saw lots of positive engagement between staff and people. Staff crouched down to speak with people at their eye level and put a reassuring arm round them to offer comfort or show support. We noticed staff greeted people cheerfully when they saw them and paid them compliments. Staff were tactile and affectionate with people, with hand holding and hugs being given naturally. A visitor remarked to us, "I can't tell you how impressed I am. Everyone is so kind to him. He is being cared for very well." The minutes from a recent residents' residents' meeting recorded people saying one of the best things about Kingsleigh was, 'We enjoy getting cuddles from staff as it makes us feel loved and wanted.'

Staff supported people with compassion and empathy. For example, we observed a person who had returned from hospital displaying anxiety and confusion about where they had been. Staff spent considerable time holding the person's hand and offering explanations that eased the person's confusion. The person went from being worried and tearful to laughing and smiling and happy as the staff member ended with, "You're home now."

Staff responded and respected the diversity of people. For example, one person did not use English as their first language. We observed them speaking in their native tongue, but the staff member was unable to understand them. The staff member, recognising their own limitations, immediately apologised and went and found a staff member who also spoke the same language. The person was then able to be understood and reassured. We later met this person's relative who told us that staff had spent a lot of time asking about their family member's religious and cultural needs and ensuring their choices in respect of these were respected.

People were involved in making decisions about their care and staff actively promoted their independence. For example, one person liked to manage their own personal care as much as possible. The care plan for this

person guided staff in how to offer support to promote this wish.

People were empowered to be make choices and be independent with their food. For example, we noticed that individual cereal boxes were available on tables, so people could easily make the selection they wanted. There were also snack and hydration stations located around the service so that people didn't have to wait to be asked if they were hungry or wanted a drink.

A motto of 'Never walk alone' had recently been introduced to remind staff that whatever task they are doing, they should consider how people could be included. As such, we saw staff encouraging people to be involved in folding napkins, washing up and walking with staff to collect things from other areas of the service.

Staff respected people's privacy and took appropriate steps to ensure their dignity was upheld. We observed staff knocking on people's doors and waiting to be invited in. Personal care was provided discreetly and respectfully. We saw on person enter a communal area in a partial state of undress, a staff member gently led them over to a quite area and provided the support in a way that promoted their dignity.

Good

Is the service responsive?

Our findings

Our last inspection of 10 October 2017, identified that care was task focused and concerns raised by staff, people and their representatives had not been listened to or acted upon. We made requirements in respect of Regulations 9 and 16 for the service to improve. Following that inspection, the provider sent us an action plan which outlined the steps they were taking to comply. At this inspection, we found that care was much more personalised and complaints and concerns were now being properly responded to. The service had therefore met that requirement.
Each person had a plan of care which provided information about their support needs. Care plans contained information about people's care needs and the actions required to deliver appropriate support. Care plans were still in the process of being reviewed and updated and some did not yet fully reflect the personalised support that was being provided. From observation and discussion however, it was clear that people received person centred care. This was because staff knew people well and tailored support to their individual needs and preferences. The provider had a clear improvement plan in respect of updating the records and we will continue to monitor this through our engagement with them.

People told us that staff knew them well and how they liked to be supported. Our conversations with staff highlighted the same and it was evident that staff had been given the rime to sit and talk to people about what was important to them. For example, when people became anxious or frustrated, staff knew how to calm and reassure them. On one occasion, a person started to get annoyed and raised their voice. Staff instantly responded by talking with them about the royal family and the person immediately calmed. Similarly, a person told us that they liked to stay up late watching television and then lay in in the morning, eat breakfast in bed, get up after lunch and have a beer. We observed his support being delivered in this way.

Staff maintained comprehensive daily records about people's care, including how they were. Daily records that identified what went well and what the person enjoyed, were then being used to create a meaningful lifestyle plan for each person. Support was responsive to people's changing needs and staff recognised when changes to care routines needed to be made.

People had opportunities to participate in meaningful and enjoyable activities. People spoke fondly of the activities that were now available to them. For example, one person told us, "We have had some good entertainers in." Likewise a relative informed us, "There is always something going on; music, quizzes, things like that. He gets involved with whatever is going on. They encourage people to be involved in things, not just sit there and do nothing."

Activities were now being arranged across the whole day and week. Two new lifestyle co-ordinators had been appointed since the last inspection who were enthusiastic and passionate about creating a programme of activities that was as individual and unique as each person who used the service. One staff member said, "We had a 60's evening and people were still up and dancing when the night staff came in." Similarly, a football themed night had reportedly been a huge success.

Staff were creative and enthusiastic in the way they engaged with people. Books of conversation starters were available on the tables in the communal lounge. As well as this being a useful tool for the people to use amongst themselves, these also enabled the staff to ask questions to discover more about people's former lives and interests. For example, using this method of engagement, staff had recently discovered that one person had a personal history of working with make-up. After the success of the person providing a staff makeover, the lifestyle co-ordinators were next planning a make-up masterclass. Similarly, another person used to enjoy playing the piano and was noted to now be playing the piano at Kingsleigh.

The service focused on meeting people's emotional well-being through the provision of meaningful social activities and opportunities. People were supported to be involved as much or as little as they wanted with the activities on offer. We observed an exercise and dance class for people living with dementia during the morning. This was a lively and fun event in which people were thoroughly enjoying. Those who didn't wish to be actively involved were seen to enjoy the music from a distance or do other activities with care staff.

No one was in receipt of end of life care at the time of our inspection. The manager informed us that advanced care planning was underway and that staff were in the process of gathering this information. Through the process of offering personalised support and knowing people well, the staff were confident that they could support people to pass with dignity in a way that respected their final wishes. We will follow up on the records around this at our next inspection.

There were now effective systems in place to ensure that people were listened to and concerns were addressed in a way that improved the quality of care. People were given information about how to make a complaint and there was evidence that when they did, their concerns were listened to and investigated. The complaints procedure was prominently displayed and people and their representatives told us that they felt comfortable to raise any issues with a member of the management team and knew it would be acted on. For example, one relative told us that when they had complained, "The manager acknowledged that the care had fallen below expected standards and took steps to ensure a similar incident didn't happen again."

Complaint records were now well documented and showed that issues had been responded to appropriately. For example, where concerns had been raised, the person had been provided with a full explanation, apology and details of the actions taken to address their concerns.

Good

Is the service well-led?

Our findings

Our last inspection of 10 October 2017, identified that the management team had not ensured the safe delivery of the service's statement of purpose by failing to adequately staff the service and effectively manage the needs of the people who lived there. We therefore issued a warning notice that required the provider to take immediate steps to improve the safety and quality of the service. Following that inspection, the provider wrote to us to confirm the improvement plan they had in place. At this inspection, we found that the provider had taken appropriate action and the service was now compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their representatives spoke positively about the management of Kingsleigh now. For example, one relative told us, "It's got a lot better. There is a desire for improvement." Likewise, another relative commented, "It's improving with the new manager. The staff seem to be more cheerful. The atmosphere is nicer." People, their families and staff had confidence in the new manager and her leadership of the service. People repeatedly told us, "She is very approachable. Her door is always open."

The culture within the service was now open and positive. Everyone told us they had had opportunities to give their views and that these were listened to. Some people were aware that residents' meetings were held and two people recalled that they had attended these. People said staff listened to what they had to say about the care and support they received. Relatives spoke positively of the relative's meetings that had taken place and one commented, "They talked about the changes at the service and how they are planning to improve things." For example, we saw that the new manager had been introduced to relatives and refurbishment plans for the premises discussed.

The minutes from residents' meetings showed that meetings were well attended and that people were encouraged and supported to speak freely about the changes they would like to see happen. For example, one person mentioned that they would now like to always be supported by a female staff member and we could see that following the meeting their care plan had immediately been updated to reflect this. People also requested theatre trips and again we could confirm that these were now being arranged.

Staff were equally as enthusiastic about how the service had developed. One staff member told us, "The management of Kingsleigh is so different now – the new manager is so hands on. We have monthly staff meetings and things get actioned." They went on to provide an example of staff raising the issue that there was no laundry person working at weekends and how this has now been addressed. Another staff member said, "The new manager is just brilliant and has introduced to much change to the service." They went on to say, "It's not just what you see that's different, it feels so different – there is such a buzz between people and staff here now."

Management and staff were united in the management vision for the service. The management team had a clear vision for the service and conversations with staff reflected that they now felt valued by the manager and empowered to deliver good quality support. Staff were encouraged and supported to be part of the process of improvement. For example, member told us, "Be the change you want to see."

Best practice and learning from events and incidents was shared. Staff told us that they now had regular staff meetings and that these were useful in sharing ideas and learning from each other. We read in meeting minutes that there was now a strong focus on reflective practice. For example, a recent concern was raised about privacy when people were taken unwell in communal area and now a privacy screen available for use in such situations.

Systems for auditing were now effective in monitoring and developing quality within the service. The provider and management team conducted a series of regular audits and checks to ensure the service was continually monitored and assessed. Where areas for improvement were identified, we saw that appropriate action had been taken to address the issue. For example, a health and safety audit found that not all free-standing furniture had been fastened to the wall in line with the provider's policy. We saw that the maintenance staff had taken steps to rectify this and items such as wardrobe and other furniture over a metre high had been secured. Where areas for improvement were ongoing, such as reviewing and updating care records, these actions were included on the overall development plan for the service and appropriate timescales laid out.

The new manager had a good understanding of their legal responsibilities as a registered person. For example, sending in notifications to the CQC when certain accidents or incidents took place and making safeguarding referrals where necessary.